

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110 1. Recipients of AFDC

IV-A

The approved State AFDC plan includes:

- ☒ Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.
- ☐ Pregnant women with no other eligible children.
- ☒ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115 2. Deemed Recipients of AFDC

IV-A

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92

sedes
NO. 91-4

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Revision: HCFA-PM-91-4
1991

(BPD)

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State: Kentucky

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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

- | | |
|---|--|
| 1902(a)(10)(A)(i)(I)
of the Act
IV-A | b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act. |
| 406(a)(22)(A)
of the Act
IV-A | c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds. |
| 406(h) and
1902(a)(10)(A)
(i)(I) of the Act
IV-A | d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act. |
| 1902(a) of
the Act
IV-E | e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act. |

*Agency that determines eligibility for coverage.

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resedes		
TN No. 90-34		HCFA ID: 7983E

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Agency*	Citation(s)	Groups Covered
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**A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)**

407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

3. Qualified Family Members (Medicaid Only)

See Item A.10, pg 4^b. ^{PI HCFA} 11-14-94

1902(a)(52)
and 1925 of
the Act

IV-A

**4. Families terminated from AFDC solely because
of earnings, hours of employment, or loss of
earned income disregards entitled up to twelve
months of extended benefits in accordance with
section 1925 of the Act. (This provision expires on
September 30, 1998.)**

*Agency that determines eligibility for coverage.

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1991

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State: Kentucky

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IV-A

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:

a. Families denied AFDC solely because of income and resources deemed to be available from--

- (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
- (2) Grandparents;
- (3) Legal guardians; and
- (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);

b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.

c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

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State: Kentucky

Agency*	Citation(s)	Groups Covered
A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)		
42 CFR 435.114 IV-A	6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.	<p>— Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).</p> <p><u>X</u> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).</p> <p>— Not applicable with respect to intermediate care facilities; State did or does not cover this service.</p>
1902(a)(10) (A)(i)(III) and 1905(n) of the Act IV-A	7. Qualified Pregnant Women and Children.	<p>a. A pregnant woman whose pregnancy has been medically verified who--</p> <p>(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;</p>

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

7. a. (2) Is a member of a family that would be
eligible for aid to families with dependent
children of unemployed parents if the State
had an AFDC-unemployed parents program; or

(3) Would be eligible for an AFDC cash payment
on the basis of the income and resource
requirements of the State's approved AFDC
plan.

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

b. Children born after September 30, 1983 who
are under age 19 and who would be eligible
for an AFDC cash payment on the basis of the
income and resource requirements of the
State's approved AFDC plan.

IV-A

Children born after

(specify optional earlier date)
who are under age 19 and who would be
eligible for an AFDC cash payment on the
basis of the income and resource
requirements of the State's approved
AFDC plan.

*Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

COVERAGE AND CONDITIONS OF ELIGIBILITY

Groups Covered

Citation(s)

A. Mandatory Coverage - Categorically Needy and other Required Special Groups (Continued)

1902(a)(10)(A)
(I)(IV) and
1902(1)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)
(I)(VI)
1902(1)(1)(C)
of the Act

- a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(I)
(VII) and 1902(1)
(1)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

- ☒ Children born after
September 30, 1979
(Specify optional earlier date)
who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in
Supplement 1 to ATTACHMENT 2.6A.

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State: Kentucky

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)
(A)(i)(V) and
1905(m) of the
Act

IV-A

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)
of the Act

IV-A

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)
of the Act

- b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(e)(4)
of the Act

IV-A

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

SSI

X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged
X Blind
X Disabled

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State: Kentucky

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

435.121

13. ☒ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

☐ Aged
☐ Blind
☐ Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in
ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

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State: Kentucky

Agency* Citation(s) Groups Covered

- SSI
- A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
- 1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act
14. Qualified severely impaired blind and disabled individuals who--
- a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
- b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
- (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
- (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
- (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1619(b)(3)
of the Act



The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634(c) of
the Act
SSI

15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--
- a. Are at least 18 years of age;
 - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
 - ☐ c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
 - ☐ d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122
IV-A

16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

*Agency that determines eligibility for coverage.

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State: Kentucky

Agency*	Citation(s)	Groups Covered
42 CFR 435.130 IV-A	17.	Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

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Resides
No. None HCFA ID: 7983E

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.131
SSI

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

☒ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

☒ Aged ☒ Blind ☒ Disabled

☐ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- | | | |
|------------------------|-----|--|
| 42 CFR 435.132
IV-A | 19. | Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care. |
| 42 CFR 435.133
IV-A | 20. | Blind and disabled individuals who--

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria. |

*Agency that determines eligibility for coverage.

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Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.134
IV-A

21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
- ☐ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
- ☒ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or a nursing facility (this group was included in this State's August 1972 plan).
- ☐ Not applicable with respect to nursing facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.135 22. Individuals who --

IV-A

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

☐ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634 of the
Act
IV-A

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

☐ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

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TN No. 91-2

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State/Territory: Kentucky

Agency* Citation(s) Groups Covered

1634(d) of the
Act (2)

IV-A

P.I.
HCFA 2-26-92

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

24. ~~unmarried~~ ^{survivors} disabled widows, disabled widowers, and disabled divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

X

In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in § 1634(d)(1)(A) in determining the income of the individual which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to be disregarded is specified in Supplement 4 to Attachment 2.6-A.

— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

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1991

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OBRA 90, Sec.
5103, Sec.
1634 (d)(2) of
the Act

IV-A

24a. Disabled widows and widowers and disabled surviving divorced spouses who would be eligible for SSI except for entitlement to an OASDI benefit resulting from a change in the definition of disability, effective 1/1/91, and who are deemed, for the purposes of title XIX, to be SSI recipients under 1634 of the Act.

*Agency that determines eligibility for coverage.

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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(E)(i)
and 1905(p) of
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(s) and
1905(p)(3)(A)(i)
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

*Agency that determines eligibility for coverage.

TN No. 93-05

Supersedes

TN No. 92-01

Approval Date

APR 29 1993

Effective Date

1-1-93

State: Kentucky

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

*Agency that determines eligibility for coverage.

TN No. 93-5

Supersedes

TN No. 92-1

Approval Date **APR 29 1993**

Effective Date 1-1-93

State: Kentucky

Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	1634(e) of the Act	28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.
		b. The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 95-2
Supersedes _____ Approval Date 6-28-95 Effective Date 3-1-95
TN No. None

Revision: HCFA-PM-91- (BPD)
1991

ATTACHMENT 2.2-A
Page 9c
OMB No.: 0938-

State: Kentucky

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy

42 CFR ☒ 1. Individuals described below who meet the
435.210 income and resource requirements of AFDC, SSI, or an
1902(a) optional State supplement as specified in 42
(10)(A)(ii) and CFR 435.230, but who do not receive cash
1905(a) of assistance.
the Act

IV-A

☐ The plan covers all individuals as described above.

☒ The plan covers only the following group or groups of individuals:

☐ Aged
☐ Blind
☐ Disabled
☒ Caretaker relatives
☒ Pregnant women
☒ Individuals under the age of

☐ 18
☒ 19**
☐ 20
☐ 21

42 CFR ☒ 2. Individuals who would be eligible for AFDC, SSI
435.211 or an optional State supplement as specified in 42
IV-A CFR 435.230, if they were not in a medical
institution.

**Includes individuals under age 18 and individuals age 18 but who have not reached age 19, are in an accredited program of secondary education as a full-time student, and are reasonably expected to graduate by their 19th birthday.
*Agency that determines eligibility for coverage.

TN No. 92-1 Approval Date NOV 14 1994 Effective Date 1-1-92
rsedes
No. None HCFA ID: 7983E

State/Territory: Kentucky

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

— The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage.

TN No. 92-2 Approval Date 2-26-92 Effective Date 2-1-92
Supersedes
TN No. 92-1

HCFA ID: 7983E

State/Territory: Kentucky

Agency*	Citation(s)	Groups Covered
1903(m)(2)(F) of the Act, P.L. 98-369 (section 2364), P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued) The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. ___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months). During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. ___ No restrictions upon disenrollment rights.
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732)		In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. ___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost. ___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

TN No. 92-2 Approval Date 2-26-92 Effective Date 2-1-92
Supersedes
TN No. None HCFA ID: 7983E

State/Territory: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

TN No. <u>92-2</u>	Approval Date <u>2-26-92</u>	Effective Date <u>2-1-92</u>
Supersedes TN No. <u>92-1</u>		

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 11a
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

IV-A

- ☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☒ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
 - ☐ 21
 - ☐ 20
 - ☐ 19
 - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

Agency that determines eligibility for coverage.

TN No. 92-1

Approval Date

NOV 14 1994

Effective Date 1-1-92

Revised

None

HCFA ID: 7983E

sion: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 12
OMB NO.: 0938-

State: Kentucky

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220 ☐ 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

☐ The State covers all individuals as described above.

1902(a)(10)(A)
(ii) and 1905(a)
of the Act ☐ The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21

— 20

— 19

— 18

— Caretaker relatives

— Pregnant women

42 CFR 435.222
1902(a)(10)
(A)(ii) and
1905(a)(i) of
the Act
IV-A 7. ☒ a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of:

— 21

— 20

☒ 19**

— 18

** Includes individuals under age 18 and individuals age 18 but who have not reached age 19, are in an accredited program of secondary education as a full-time student, and are reasonably expected to graduate by their 19th birthday

TN No. 92-1
Supersedes
1. 89-19

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

☒ b. Reasonable classifications of individuals described in (a) above, as follows:

___ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

___ (a) In foster homes (and are under the age of ___).

___ (b) In private institutions (and are under the age of ___).

___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___).

___ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ___).

___ (3) Individuals in NFs (who are under the age of ___). NF services are provided under this plan.

___ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ___).

TN No. 92-1
Supersedes
a. 87-10

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Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 13a
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|---|-----|--|
| — | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| — | (6) | Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> . |

N No. 92-1
Supersedes
None

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 14
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act
IV-E

☒

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--
- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
 - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<u> </u>	21
<u> </u>	20
<u> X </u>	19 **
<u> </u>	18

** Includes individuals under age 18 and individuals age 18 but who have not reached age 19, are in an accredited program of secondary education as a full-time student, and are reasonably expected to graduate by their 19th birthday.

TN No. 92-1
Revised 89-19

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 14a
OMB No.: 0938-

State: Kentucky

Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223 ☒

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

___	Individuals under the age of--
___	21
___	20
___	19
___	18
___	Caretaker relatives
___	Pregnant women

TN No. 92-1
Reverses
None

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 15
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 /X/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.
IV-A

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

TN No. 92-1
Supersedes
o. 86-7

Approval Date NOV 14 1994

Effective Date 1-1-92

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Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 16
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230	<u>X</u>	(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>X</u>	(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u>X</u>	(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u> </u>	(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	<u>X</u>	(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	<u> </u>	(9)	Individuals in additional classifications approved by the Secretary as follows:

TN No. 92-1
Revised 86-7

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 16a
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes.

☒ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 92-1

Reverses

O. None

Approval Date

NOV 14 1994

Effective Date

1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 18
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|---|-----|---|
| — | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (7) | Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| — | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| — | (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 92-1
Supersedes
9. 91-29

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 18a
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

 No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 92-1
Supersedes
by None

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 19
OMB No.: 0938-

State: Kentucky

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231 ☒
1902(a)(10)
(A)(ii)(V)
of the Act
IV-A

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1, page 9a. to ATTACHMENT 2.6-A.



The State covers all individuals as described above.



The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
 - ☐ 21
 - ☐ 20
 - ☐ 19
 - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

TN No. 92-1
Supersedes
D. 90-22

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)
1991

ATTACHMENT 2.2-A
Page 20
OMB NO.: 0938-

State: Kentucky

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act



13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act
IV-A



14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

TN No. 92-1
Revised 90-22

Approval Date NOV 14 1994

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HCFA ID: 7984E

Revision: HCFA-PM-91-4
1991

(BPD)

ATTACHMENT 2.2-A
Page 21
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State: Kentucky

Agency*	Citation(s)	Groups Covered
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TN No. 92-1
Supersedes
o. 90-22

Approval Date NOV 14 1994

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HCFA ID: 7984E

Revised

Revision: HCFA-PM-91-4 (BPD)
1991

Attachment 2.2-A
Page 22
OMB No.: 0938-

State: Kentucky

Agency* Citations(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)
(ii) (X)
and 1902(m)
(1) and (3)
of the Act

☐ 16. Individuals--(for 209b states only)

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to Attachment 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; or under the State's medically needy program as specified in Attachment 2.6-A. Supplement 2, page. 6.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(continued)

1902(a)(47)
and 1920 of
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in Section 1920 (b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under Attachment 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with Section 1920 of the Act.

State/Territory: Kentucky

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 2 months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 92-22

Supersedes

TN No. None

Approval Date 2-11-93

Effective Date 2-1-93

HCFA ID: 7982E

Citation	Groups Covered
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B. Optional Coverage Other Than the Medically Needy
(Continued)

- | | |
|----------------|--|
| 1902(a)(10)(A) | <u> </u> 19. Optional Targeted Low Income Children who: <ul style="list-style-type: none">a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D));c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points. |
|----------------|--|

 X The State covers:
All children described above who are under age 19 with family income at or below 150 percent of the Federal poverty level.

_____ The following reasonable classifications of children described above who are under age ____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

1920(E)(12) of the Act

_____ 20. A child under age ____ (not to exceed age (19) who has been determined eligible is deemed to be eligible for a total of ____ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age state above.

_____ 21. Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

State: Kentucky

Citation

Group Covered

B. Optional Coverage Other Than the Medically Needy (continued)

1902(a)(10)(A)
(ii)(XVIII) of the Act

X 22. Women who:

- a. have been screened for breast or cervical cancer under Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920(B) of the Act

 23. Women who are determined by a "qualified entity" (as defined in 1920(B)(b)) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 02-08
Supersedes
TN No. None

Approval Date 11/13/02

Effective Date 10/01/02

Revision: HCFA-PM-91-4 (BPD)
1991

Revised
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State Kentucky

Agency* Citation

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 435.301
IV-A

This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1902(e) of the
Act
IV-A

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a) (10)
(C) (ii) (I)
of the Act
IV-A

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902 (a)(10)(A)(i) of the Act.

Revision: HCFA-PM-91-4
1991

(BPD)

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State: Kentucky

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act
IV-A

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible or would remain eligible if she were pregnant and the child is a member of the woman's household.

42 CFR 435.308
IV-A

5. ☒ a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--
____ 21
____ 20
☒ 19**
____ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

☐ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

____ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

____ (a) In foster homes (and are under the age of ____).

____ (b) In private institutions (and are under the age of ____).

** Includes individuals under age 18 and individuals age 18 but who have not reached age 19, are in an accredited program of secondary education as a full-time student, and are reasonably expected to graduate by their 19th birthday.

TN No. 92-1

Reverses
None

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7984E

Division: HCFA-PM-91-4
1991

(BPD)

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 92-1
Reverses
o. None

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Effective Date 1-1-92

HCFA ID: 7984E

Revision: HCFA-PM-91-4
1991

(BPD)

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Agency*	Citation(s)	Groups Covered
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IV-A C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 ☒ 6. Caretaker relatives.

42 CFR 435.320 ☒ 7. Aged individuals.
and 435.330

IV-A
42 CFR 435.322 ☒ 8. Blind individuals.
and 435.330

IV-A
42 CFR 435.324 ☒ 9. Disabled individuals.
and 435.330
IV-A

42 CFR 435.326 ☐ 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

435.340 11. Blind and disabled individuals who:

IV-A

- Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- Were eligible as medically needy in December 1973 as blind or disabled; and
- For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 92-1
Supersedes
b. None

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HCFA ID: 7984E

Revision: HCFA-PM-91-8 (BPD)

October 1991

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OMB NO.: 0938-

State: Kentucky

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 2 months.

TN No. 92-22

Supersedes

TN No. None

Approval Date 2-11-93

Effective Date 2-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
A. <u>General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

State: Kentucky

-
- b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
- 1905(p) of the Act c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non financial criteria of section 1905(p) of the Act.
- 1905(s) of the Act d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
- P.L. 102-585
Section 402 3. Is residing in the United States and--
- a. Is a citizen.
- b. Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U. S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
- X Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U. S. Prior to August 22, 1996 and those who entered on or after August 22, 1996.
- c. Is an alien who is not a qualified alien as defined in section 431(b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services).
- d. Limited Coverage for Certain Aliens
- 1902(a) and 1903(v) of the Act and Section 401(b)(I)(A) of P.L. 104-193 Is an alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of P.L. 104-193, but is not eligible for Medicaid based on alien status, and who would otherwise qualify for Medicaid is provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

State: Kentucky

42 CFR 435.403 4. Is a resident of the State, regardless of whether or not the
1902(b) of the Act individual maintains the residence permanently or
maintains it at a fixed address.

X State has interstate residency agreement with the
following States:

Iowa	New Jersey
West Virginia	New Mexico
California	North Dakota
Georgia	South Dakota
Tennessee	Maryland
Alabama	Ohio
Arkansas	Pennsylvania
Florida	Wisconsin
Kansas	Indiana (for individual cases)
Mississippi	Idaho

___ State has open agreement(s).
___ Not applicable; no residency requirement

TN No. 98-02
Supersedes
TN No. 97-08

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Revision: HCFA-PM-91-8 (BPD)
October 1991

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State: Kentucky

Citation	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, intermediate care/mentally retarded facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 433.604 12 of the Act	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met. <input checked="" type="checkbox"/> Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Social Security Act and newborn children who are eligible under Section 1902(e)4.

TN No. 92-1
Supersedes

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Effective Date 1-1-92

o. None

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)
October 1991

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State/Territory: Kentucky

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 92-22
Supersedes

Approval Date 2-11-93

Effective Date 2-1-93

TN No. None

HCFA ID: 7985E

Citation

Condition or Requirement

B. Posteligibility Treatment of Institutionalized
Individuals' Incomes

1. The following items are not considered in the posteligibility process:

- | | |
|-----------------------------|--|
| 1902(o) of
the Act | a. SSI and SSP benefits paid under § 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. |
| Bondi v
Sullivan (SSI) | b. Austrian Reparation Payments (pension (reparation) payments made under § 500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. |
| 1902(r)(l) of
the Act | c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). |
| 105/206 of
P. L. 100-383 | d. Japanese and Aleutian Restitution Payments. |
| 1. (a) of
P. L. 103-286 | e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II). |
| 10405 of
P. L. 101-239 | f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. no. 381 (E.D.N.Y.) |
| 6(h)(2) of
P. L. 101-426 | g. Radiation Exposure Compensation. |
| 12005 of
P. L. 103-66 | h. VA pensions limited to \$90 per month under 38 U.S.C. 5503. |

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples for all institutionalized persons.</p> <p>a. Aged, blind, disabled: Individuals <u>\$40.00</u> plus mandatory nondiscretionary deductions Couples <u>\$80.00</u> plus mandatory nondiscretionary deductions</p> <p>For the following persons with greater need: Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC Related: Children <u>\$40.00</u> plus mandatory nondiscretionary deductions Adults <u>\$40.00</u> plus mandatory nondiscretionary deductions</p> <p>For the following persons with greater need: Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A. <u>\$40.00</u> plus mandatory nondiscretionary deductions.</p>

Citation

Condition or Requirement

For the following persons with greater need:⁶

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate; identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

_____ The poverty level component is calculated using the applicable percentage (set out §1924 (d)(3)(B) of the Act) of the official poverty level.

_____ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).

X The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court ordered support.

⁶Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; limits the criteria to be met; and where appropriate, identifies the authority for approving that a criterion is met.

Citation

Condition or Requirement

In determining any excess shelter allowance, utility expenses are calculated using:

_____ the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or

_____ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

- b. The monthly income allowance for other dependent family members living with the community spouse is:

 X one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.

_____ a greater amount calculated as follows:

The standards described above are used for individuals receiving home and community based waiver services in lieu of services provided in a medical and remedial care institution.

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1):

The Definition of Dependency

For the purpose of deducting allowances under Section 1924, a dependent means a child, parent, or sibling who lives with the community spouse and is claimed as a dependent by either spouse under the Internal Revenue Services Code.

- c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

Revision: HCFA-PM-97-2
December 1997
State: Kentucky

ATTACHMENT 2.6-A
Page 4d
QMB No.:0938-0673

Citation

Condition or Requirement

- (i) Medicaid, Medicare and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
- (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A)

TN No. 98-03
Supersedes
TN No. 92-01

Approval Date 4/20/98

Effective Date 1/1/98

Citation

Condition or Requirement

435.725
435.733
435.832

4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:

- a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:

- o AFDC level; or
- o Medically needy level:

(Check one)

—AFDC levels in Supplement 1

X Medically needy level in Supplement 1

—Other: \$ _____

- b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)

435.725
435.733
435.832

5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:

X No.

— Yes (the applicable amount is shown on page 5a.)

Revision: HCFA-PM-97-2
December 1997
State: Kentucky

ATTACHMENT 2.6-A
Page 5a
QMB No.:0938-0673

Citation

Condition or Requirement

- _____ Amount for maintenance of home is:
\$_____.
- _____ Amount for maintenance of home is the actual maintenance costs not to exceed \$_____.
- _____ Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
- _____ Amount for maintenance of home is not deductible when countable income is determined under § 1924(d)(1) of the Act.

TN No. 98-03
Supersedes
TN No. 92-01

Approval Date 4/20/98

Effective Date 1/1/98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</u></p>

TN No. 92-5

Supersedes

TN No. 92-1

Approval Date NOV 14 1994 Effective Date 4-1-92

Division: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 6a
OMB No.: 0938-

State: Kentucky

Citation

Condition or Requirement

- ☒ Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- ☐ Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
- ☐ Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- ☐ Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- ☒ Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- ☒ Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

TN No. 92-1
ersedes
o. None

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Effective Date 1-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><u> X </u> (a) The methods under the State's approved AFDC plan only; or</p> <p><u> </u> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: <u> </u> The methods of the SSI program only. <u> x </u> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

TN No. 92-5

Supersedes

TN No. None

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August 1991

(BPD)

ATTACHMENT 2.6-A
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State: Kentucky

Citation

Condition or Requirement

☐ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

☐ For institutional couples, the methods specified under section 1611(e)(5) of the Act.

☐ For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--(SSA administered OSS)

___ SSI methods only.

___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

___ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

TN No. 92-1

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State: Kentucky

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>c. <u>Blind individuals</u>. In determining countable income for blind individuals, the following methods are used:</p> <p>— The methods of the SSI program only.</p> <p><u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p>— For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>, and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p>— For institutional couples, the methods specified under section 1611(e)(5) of the Act.</p> <p>— For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.</p> <p>— For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--</p> <p>— SSI methods only.</p> <p>— SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p>— Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to Attachment 2.6-A</u>.</p>

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Citation

Condition or Requirement

42 CFR 435.721,
and 435.831
1902(m)(1)(B),
(m)(4), and
1902(r)(2) of
the Act

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parent until the children become 21.

- d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

- ☐ The methods of the SSI program.
- ☒ SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- ☐ For institutional couples: the methods specified under section 1611(e)(5) of the Act.
- ☐ For optional State supplement recipients under \$435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- ☐ For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

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5. 87-15

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State: Kentucky

Citation

Condition or Requirement

- For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
- SSI methods only.
- SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
- Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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1 5. 87-15

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p><u>x</u> The methods of the State's approved AFDC plan.</p> <p><u>x</u> The methods of the approved title IV-E plan.</p> <p>— The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>— The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: ___ The methods of the SSI program only. <u>x</u> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> ___ For institutional couples, the methods specified under section 1611(e)(5) of the Act.

State: Kentucky

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

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Citation

Condition or Requirement

1902(u)
of the Act

h. COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- _____ The disregards of the SSI program;
- _____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

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o. None

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State Kentucky

Citation	Condition or Requirement
1902(k) of the Act	<p>2. Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p><u>X</u> The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship as determined on the basis of criteria established by the Secretary of the Department of Health and Human Services.</p>
1917(d) of the Act	<p>Effective October 1, 1993 the agency complies with the provisions of 1917(d) of the Social Security Act as amended.</p>
1902(a)(10) of the Act	<p>3. Medically needy income levels (MNILs) are based on of family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

... sion: HCFA-PM-91-4 (BPD)
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Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of 3* month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.

(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:

- (a) Health insurance premiums, deductibles and coinsurance charges.
- (b) Expenses for necessary medical and remedial care not included in the plan.
- (c) Expenses for necessary medical and remedial care included in the plan.

— Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the
Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government, *and is financed by the State or local government.*

*The retroactive spenddown period uses available income for one month with eligibility for each month determined individually. The spenddown period for institutionalized individuals is one month if the individual is immediately eligible using the one month period; if not immediately eligible a three month period is used.

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a. Medically Needy (Continued)

1903(f)(2) of _____ (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

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3. None

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Citation	Condition or Requirement
42 CFR 435.732	<p>b. <u>Categorically Needy - Section 1902 (f) States</u></p> <p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol style="list-style-type: none">(1) Any SSI benefit received.(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.(4) Other deductions from income described in this plan at <u>Attachment 2.6-A, Supplement 4</u>.(5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	<p>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p>

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3. 90-7

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State: Kentucky

Citation

Condition or Requirement

4.b. Categorically Needy - Section 1902(f) States
Continued

1903(f)(2) of

_____ (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

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3. None

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Citation

Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

☒ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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Citation

Condition or Requirement

5. Methods for Determining Resources

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r) of the Act

b. Aged individuals. For aged individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

— The methods of the SSI program.

X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

— Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

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Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B), and
1902(r) of the
Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

— The methods of the SSI program.

X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

— Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	<p>d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses the following methods for the treatment of resources:</p> <p>— The methods of the SSI program.</p> <p><u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>— Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</u></p> <p>The agency uses the following methods in the treatment of resources.</p> <p>— The methods of the SSI program only.</p> <p>— The methods of the SSI program and/or any more liberal methods described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>

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Citation

Condition or Requirement

____ Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

X Not applicable. The agency does not consider resources in determining eligibility.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902(1)(3) and
1902(r)(2) of
the Act

f. Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.

The agency uses the following methods for the treatment of resources:

____ The methods of the State's approved AFDC plan.

1902(1)(3)(C)
of the Act

____ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.

1902(r)(2)
of the Act

____ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

X Not applicable. The agency does not consider resources in determining eligibility.

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IN 5. 89-6

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	<p>g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p>— The methods of the State's approved AFDC plan.</p>
1902(1)(3)(C) of the Act	<p>— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p>— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u> The agency uses the following methods for the treatment of resources: <input type="checkbox"/> The methods of the State's approved AFDC plan. <input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u> <input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> <input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility. In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(l)(3)(C) the Act	
1902(r)(2) of the Act	

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State: Kentucky

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act--</u> The agency used the following methods for treatment of resources:. ____ The methods of the SSI program only. <u>X</u> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals_ covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1905(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: ____ The methods of the SSI program only. ____ More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A..

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition of Requirement
1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act.	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (D) of the Act.	<p>e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to Attachment 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

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1991

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State Kentucky

Citation

Condition of Requirement

1902(m)(1)(C)
and (m)(2)(B)
of the Act

f. For aged and disabled individuals described
in section 1902(m)(1) of the Act who are
covered under Section 1902(a)(10)(A)(ii)(X)
of the Act, the resource standard is:

_____ Same as SSI resource standards.

_____ Same as the medically needy resource
standards, which are higher than the SSI
resource standards (if the State covers
the medically needy).

Supplement 2 to Attachment 2.6-A specifies the
resource levels for these individuals.

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Citation

Condition or Requirement

7. Resource Standard - Medically Needy

1902(a)(10)(C)(i)
of the Act

- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource eligibility for all groups.
- ☒ c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--
 - ___ Aged
 - ___ Blind
 - ___ Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.

1905(p)(1)(D)
and (p)(2)(B)
of the Act

8. Resource Standard - Qualified Medicare Beneficiaries

For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the resource standard is twice the SSI standard.

1905(s) of the
Act

9. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

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5. 87-15

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Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: ____ Twice the SSI resource standard for an individual. ____ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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August 1991

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Citation

Condition or Requirement

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries,
and Qualified Disabled and Working Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy Only



This State has a section 1634 agreement with SSI.
Receipt of SSI is provided for individuals while
disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

TN No. 92-1
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Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. * <input checked="" type="checkbox"/> AFDC-related. *</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. * <input checked="" type="checkbox"/> AFDC-related. *</p>

*For medically needy spenddown cases, coverage begins on the day the spenddown liability met.

TN No. 92-1
Supersedes
87-15

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Effective Date 1-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920 (b)(1) of the Act	<p><u>X</u> (3) For a presumptive eligibility period for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income and eligibility levels specified in <u>Attachment 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902 (e)(8) and 1905 (a) of the Act	<p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905 (p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p)(1). The eligibility determination is valid for—</p> <p><u>X</u> 12 months ____ 6 months ____ months (no less than 6 months and no more than 12 months)</p>

State Kentucky

Citation

Condition or Requirement

1902(a)(18)
and 1902(f) of
the Act

12. Pre-OBRA 93 Transfer of Resources -
Categorically and Medically Needy, Qualified Medicare
Beneficiaries, and Qualified Disabled and Working
Individuals

The agency complies with the provisions of section
1917 of the Act with respect to the transfer of
resources.

Disposal of resources at less than fair market value
affects eligibility for certain services as detailed
in Supplement 9 to Attachment 2.6-A.

1917(c)

13. Transfer of Assets - All eligibility groups

The agency complies with the provisions of section
1917(c) of the Act, as enacted by OBRA 93, with regard
to the transfer of assets.

Disposal of assets at less than fair market value
affects eligibility for certain services as detailed
in Supplement 9(a) to ATTACHMENT 2.6-A, except in
instances where the agency determines that the
transfer rules would work an undue hardship.

1917(d)

14. Treatment of Trusts - All eligibility groups

The agency complies with the provisions of section
1917(d) of the Act, as amended by OBRA 93, with regard
to trusts.

_____ The agency uses more restrictive methodologies
under section 1902(f) of the Act, and applies
those methodologies in dealing with trusts;

_____ The agency meets the requirements in section
1917(d)(f)(B) of the Act for use of Miller
trusts.

The agency does not count the funds in a trust in any
instance where the agency determines that the transfer
would work an undue hardship, as described in
Supplement 10 to ATTACHMENT 2.6-A.

TN No. 95-6
Supersedes
TN No. 93-21

Approval Date 12/15/91

Effective Date 04/01/95

Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p><u> X </u> the maximum standard permitted by law;</p> <p><u> </u> the minimum standard permitted by law; or</p> <p><u> \$ </u> a standard that is an amount between the minimum and the maximum.</p>

Revision: HCFA-PM-91-4 (BPD)

Revised
Supplement 1 to Attachment 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$394		\$186
2	\$460		\$225
3	\$526		\$262
4	\$592		\$328
5	\$658		\$383
6	\$724		\$432
7 or more	\$790		\$482

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Effective July 1, 1990, for pregnant women and infants under Section 1902(a)(10)(A)(i)(IV) of the Act, the income eligibility level is 185 percent of the Federal poverty level (as revised annually in the Federal Register) for the family size involved.

TN No. 98-10
Supersedes
TN No. 92-01

Approval Date FEB 03 1999

Effective Date 10-1-98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued) ^(A) *HCFA 11-14-94*
3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-5

Supersedes

TN No. 92-1

Approval Date

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4-1-92

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a) (10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (more than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u> </u>
<u>2</u>	\$ <u> </u>
<u>3</u>	\$ <u> </u>
<u>4</u>	\$ <u> </u>
<u>5</u>	\$ <u> </u>

TN No. 92-1

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State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

B. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL
POVERTY LEVEL

2. Children under age 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

Family Size

Income Level

<u>1</u>	\$ <u> </u>
<u>2</u>	\$ <u> </u>
<u>3</u>	\$ <u> </u>
<u>4</u>	\$ <u> </u>
<u>5</u>	\$ <u> </u>
<u>6</u>	\$ <u> </u>
<u>7</u>	\$ <u> </u>
<u>8</u>	\$ <u> </u>
<u>9</u>	\$ <u> </u>
<u>10</u>	\$ <u> </u>

TN No. 92-1
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TN No. 91-3

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State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 92-5
Supersedes 92-1
TN No. _____

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State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

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TN No. 90-5

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INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☒ 85 percent ☐ _____ percent (no more than 100)

Eff. Jan. 1, 1990: ☐ 100 percent ☒ 90 percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1
2

\$ _____
\$ _____

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State: Kentucky

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 80 percent ☐ _____ percent (no more than 100)
Eff. Jan. 1, 1990: ☐ 85 percent ☐ _____ percent (no more than 100)
Eff. Jan. 1, 1991: ☐ 95 percent ☐ _____ percent (no more than 100)
Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1
2

\$ -
\$

TN No. 92-1

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TN No. None

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INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

☒ Applicable to all groups.

☐ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
<input type="checkbox"/> urban only				
<input type="checkbox"/> urban & rural				
1	\$ 2,600	\$	\$	\$
2	\$ 3,200	\$	\$	\$
3	\$ 3,700	\$	\$	\$
4	\$ 4,600	\$	\$	\$

☒ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 92-1

Supersedes

TN No. None

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State: Kentucky

INCOME LEVELS (Continued)

D. MEDICALLY NEEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
<input type="checkbox"/> urban only				
<input type="checkbox"/> urban & rural				
5	\$ 5,400	\$	\$	\$
6	\$ 6,100	\$	\$	\$
7	\$ 6,800	\$	\$	\$
8	\$ 7,520	\$	\$	\$
9	\$ 8,240	\$	\$	\$
10	\$ 8,960	\$	\$	\$
For each additional person, add:	\$ 720	\$	\$	\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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State: Kentucky

INCOME LEVELS (Continued)

E. Optional Groups Other Than the Medically Needy

1. Institutionalized Individuals Under Special Income Levels as follows:

For individuals covered under 42 CFR 435.231, the special income level shall be 300% of the Supplemental Security Income (SSI) Program federal benefit rate.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

☐ Same as SSI resources levels.

☒ Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>N/A*</u>
<u>2</u>	<u>N/A*</u>

b. Optional Groups

☐ Same as SSI resources levels.

☒ Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>N/A*</u>
<u>2</u>	<u>N/A*</u>

*All resources are disregarded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

2. Infants

a. Mandatory Group of Infants

- ☐ Same as resource levels in the State's approved AFDC plan.
☒ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>NA*</u>
<u>2</u>	<u>NA*</u>
<u>3</u>	<u>NA*</u>
<u>4</u>	<u>NA*</u>
<u>5</u>	<u>NA*</u>
<u>6</u>	<u>NA*</u>
<u>7</u>	<u>NA*</u>
<u>8</u>	<u>NA*</u>
<u>9</u>	<u>NA*</u>
<u>10</u>	<u>NA*</u>

*All resources are disregarded

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

b. Optional Group of Infants

- ☐ Same as resource levels in the State's approved AFDC plan.
☒ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>NA*</u>
<u>2</u>	<u>NA*</u>
<u>3</u>	<u>NA*</u>
<u>4</u>	<u>NA*</u>
<u>5</u>	<u>NA*</u>
<u>6</u>	<u>NA*</u>
<u>7</u>	<u>NA*</u>
<u>8</u>	<u>NA*</u>
<u>9</u>	<u>NA*</u>
<u>10</u>	<u>NA*</u>

*All resources are disregarded.

TN No. 92-1

Supersedes

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1-1-92

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

3. Children

- a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI)
of the Act. (Children who have attained age 1 but have not
attained age 6.) (A)

 Same as resource levels in the State's approved AFDC plan.

 x Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u> 1 </u>	<u>NA*</u>
<u> 2 </u>	<u>NA*</u>
<u> 3 </u>	<u>NA*</u>
<u> 4 </u>	<u>NA*</u>
<u> 5 </u>	<u>NA*</u>
<u> 6 </u>	<u>NA*</u>
<u> 7 </u>	<u>NA*</u>
<u> 8 </u>	<u>NA*</u>
<u> 9 </u>	<u>NA*</u>
<u> 10 </u>	<u>NA*</u>

*All resources are disregarded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

b. Optional Group of Children

☐ Same as resource levels in the State's approved AFDC plan.

☒ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>NA*</u>
<u>2</u>	<u>NA*</u>
<u>3</u>	<u>NA*</u>
<u>4</u>	<u>NA*</u>
<u>5</u>	<u>NA*</u>
<u>6</u>	<u>NA*</u>
<u>7</u>	<u>NA*</u>
<u>8</u>	<u>NA*</u>
<u>9</u>	<u>NA*</u>
<u>10</u>	<u>NA*</u>

*All resources are disregarded.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

4. Aged and Disabled Individuals

☐ Same as SSI resource levels.

☐ More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>
<u>3</u>	<u> </u>
<u>4</u>	<u> </u>
<u>5</u>	<u> </u>

☐ Same as medically needy resource levels (applicable only if State has a medically needy program)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

☒ Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>2,000</u>
<u>2</u>	<u>4,000</u>
<u>3</u>	<u>4,050</u>
<u>4</u>	<u>4,100</u>
<u>5</u>	<u>4,150</u>
<u>6</u>	<u>4,200</u>
<u>7</u>	<u>4,250</u>
<u>8</u>	<u>4,300</u>
<u>9</u>	<u>4,350</u>
<u>10</u>	<u>4,400</u>
For each additional person	<u>\$50</u>

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Supersedes None
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MAY 1985

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

NOT APPLICABLE.

TN No. 85-2
Supersedes
TN No. 81-33

Approval Date 10-23-86

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HCFA ID: 4093E/0002P

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

Not applicable

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TN No. None

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

Not applicable

TN No. 92-8
Supersedes
TN No. 87-15

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 5a TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

Not applicable

TN No. 92-1
Supersedes None Approval Date NOV 14 1994 Effective Date 1-1-92
TN No. None

HCFA ID: 7985E

State Kentucky

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by	Income Level		Income Disregards Employed		
		<u>Gross</u>	<u>Net</u>			
(1)	(2)	(3)	(4)	(5)		
Living independently with caretaker in the home:	Federal	1 per- son	Couple	1 per- son	Couple	Not Applicable
	State					
Single individual		300% of SSI SPA	-	\$343	-	Not Applicable
Eligible couple, one requiring care		-	500% of SSI SPA	-	\$496	
Eligible couple, both requiring care		-	600% of SSI SPA	-	\$534	
Living in family care home		300% of SSI SPA	-	\$389	-	Not Applicable
Living in home for the aged or infirm		300% of SSI SPA	-	\$476	-	Not Applicable

TN # 84-9
Superscds
TN # 83-20Approval Date 10-12-84Effective Date 7-1-84

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 7 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

Not applicable

TN No. 92-1
Supersedes
TN No. 85-2

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7985E

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August 1991

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

Not applicable

TN No. 92-1

Supersedes

TN No. 85-2

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August 1991

SUPPLEMENT 8a to ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*



Section 1902(f) State



Non-Section 1902(f) State

Income Disregards - Categorically and Medically Needy, Non-Cash Recipients

With regard to the aged, blind, and disabled, (excluding pass-through and protected groups), the state agency uses the same methodologies as SSI with minor variations specified below.

Method of averaging and/or considering income received on an irregular basis:

- ** a. Income from wages (including spot labor, part time labor and agricultural employment) is averaged based on the last available month's income.
- ** b. Commission income (e.g., from real estate sales) is averaged based on the last available three months' income.
- ** c. Lease income (e.g., oil and gas leases) is averaged over the lease span (usually a year) even though the lease payment may be at intervals other than monthly (e.g., semi-annual or annual). Note: Changes of circumstances are taken into consideration in determining availability of income.

** In currently approved state plan.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

TN No. 92-1
Supersedes
TN No. None

Approval Date NOV 14 1994

Effective Date 1-1-92

HCFA ID: 7985E

Revision: HCFA-PM-00-1
February 2000

Revised
Supplement 8A to
Attachment 2.6-A
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State: Kentucky

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902 (r)(2) OF THE ACT

- X For all eligibility groups subject to Section 1902 (r)(2) of the Act except State supplementation recipients described in Section 1902 (a)(10)(A)(ii)(IV) and the special income group described in Section 1902 (a)(10)(A)(ii)(V): exclude all wages paid by the Census Bureau for temporary employment related to Census 2000 activities.
- X For all eligibility groups subject to Section 1902 (r)(2) of the Act except State supplementation recipients described in Section 1902 (a)(10)(A)(ii)(IV) and the special income group described in Section 1902 (a)(10)(A)(ii)(V): exclude all income paid to individuals from the Tobacco Settlement between states and tobacco manufacturers
- X For AFDC related eligibility groups subject to Section 1902 (r)(2) of the Act, exclude all interest and dividend income.

Division: HCFA-PM-91-4
August 1991

(BPD)

SUPPLEMENT 8b to ATTACHMENT 2.6-A
Page 1
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State

☒ Non-Section 1902(f) State

Resource Exemptions - Categorically and
Medically Needy, Non-Cash Recipients

With regard to the groups listed in
1902(a)(10)(A)(1)(III), 1902(a)(10)(A)(1)(IV),
1902(a)(10)(A)(11), and 1902(a)(10)(C)(1)(III)
of the Social Security Act, the state agency
disregards the following resources.

- * (1) Home property (homestead), a principal place of dwelling, will be excluded when absence is without time limits and without consideration of interest or ability to return. Only one principal place of dwelling may be excluded on this basis.
- * (2) The value of household goods and personal effects, as defined under SSI policy which SSI counts.
- * (3) Interest accruing to a burial reserve and burial spaces is disregarded in determining resources. Burial reserves are defined as prepaid burial agreements, burial trust funds, life insurance policies which accrue cash surrender value, and other identifiable funds or resources designated as set aside for the individual's burial expense. Burial spaces are defined as conventional grave sites, crypts, mausoleums, urns, vaults, caskets, opening and closing of the grave, headstone, etc., used for the remains of deceased persons. (This policy is to apply to all the above noted groups. Even though this is AFDC and SSI policy, the state plans to protect the exclusion under the authority of Section 1902(r)(2) to the extent that any part of such interest is or becomes countable as a resource.)

*In currently approved state plan.

TN No. 92-1
Supersedes None
TN No. None

Approval Date NOV 14 1994

Effective Date 1-1-92

More Liberal Resource Methodologies Protected

*

- (4) One automobile is excluded regardless of value if it is used for employment, to obtain medical treatment, or if specifically equipped for the handicapped. \$4,500 is then excluded from the total equity value of any non-excluded automobiles.

- (5) Equity in income producing non-homestead real estate

is exempted even when the SSI test of "income producing" is not met.

NOTE: The value of non-homestead real estate is that as determined by the county property valuation administrator (PVA) for tax purposes, or the market value if less. If the PVA valuation is within the limit, no determination of market value is made.

Effective with regard to determinations of eligibility made on or after May 1, 1990, the value of property (including the tools of a tradesperson and the machinery and livestock of a farmer) that is essential for self-support for the individual or spouse, or family group in the instance of families with children, and which is used in a trade or business or some other manner, or by the individual or member of the family group as an employee is excluded from consideration as a resource.

*

- (6) Burial reserves (whether in the form of a prepaid burial, trust fund or life insurance policy) are exempt from consideration up to a value of \$1,500 per individual. If the value of the burial reserve exceeds \$1,500, the excess is added to the total of liquid assets

* In currently approved state plan.

More Liberal Resource Methodologies Protected

in determining eligibility. When a life insurance policy considered as a burial reserve has a face value in excess of \$1,500 (per individual), the cash surrender value in excess of the disregard amount is considered a liquid asset.

- * (7) The state agency does not consider the value of life interests in real estate or other property as an available resource.
- * (8) If resources are equal to or less than the limits when an application or re-investigation is processed at any time during the month, the case is considered to be resource eligible for the full month.
- * (9) IRAs, Keogh Plan Funds, 401(k) retirement funds, and other deferred tax protected assets are considered as an unavailable resource until accessed by the owner. When accessed, the available amount is the amount actually withdrawn minus any penalty amounts resulting from the withdrawal.

* In currently approved state plan.

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August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

*In currently approved state plan.

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Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

*In currently approved state plan.

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HCFA ID: 7985E

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August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

*In currently approved state plan.

TN No. <u>92-1</u>	Approval Date <u>NOV 14 1994</u>	Effective Date <u>1-1-92</u>
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TN No. <u>85-2</u>		

HCFA ID: 7985E

Division: HCFA-PM-91-4 (BPD)
August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

TN No. 92-1

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TN No. 85-2

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Kentucky

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Kentucky

TN No. 92-1
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August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

TN No. 92-1
Supersedes 88-15 Approval Date NOV 14 1994 Effective Date 1-1-92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kentucky

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which medical assistance is otherwise under the agency plan:

TN No. 95-6

Supersedes

TN No. None

Approval Date

12/15/97

Effective Date 04/01/95

State: Kentucky

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
- ☒ the first day of the month in which the asset was transferred;
- ☐ the first day of the month following the month of transfer.
4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:
- ☒ the average monthly cost to a private patient of nursing facility services in the agency;
- ☐ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5. Penalty Period - Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
- ☐ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

TN No. 95-6

Supersedes

TN No. none

Approval Date 12/15/97

Effective Date 04/01/95

State: Kentucky

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

- a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

X does not impose a penalty;

___ imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

- b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

X does not impose a penalty;*

___ imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap--
The agency:

___ totals the value of all assets transferred to produce a single penalty period;

X calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap--
The agency:

X assigns each transfer its own penalty period;

___ uses the method outlined below:

*Transfers within a month would be totaled for this purpose.

TN No. 95-6

Supersedes

TN No. none

Approval Date 12/15/97

Effective Date 04/01/95

State: Kentucky

Transfer of Assets

9. Penalty periods - Transfer by a spouse that results in a penalty period for the individual -

- a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains. The penalty period apportioned equally between institutionalized spouses. (A penalty is not applied against a non-institutionalized spouse).
- b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset -

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

_____ The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

_____ For transfers of individual income payments, the agency will impose partial month penalty periods.

_____ For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

X The agency uses an alternate method to calculate penalty periods, as described below: The agency does not recognize transfer of a stream of income or their right to a stream of income. Any such transfer will result in the income continuing to be considered available to the recipient for eligibility determinations. ✓OK

State: Kentucky

Transfer of Assets

✓ OK

11. Imposition of a penalty would work an undue hardship --

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determination:

At the time it is determined that a transfer of assets has occurred, the recipient is notified of the action to be taken. The notice advises the recipient that an undue hardship exemption may be requested, the procedure for making the request and the appeal process if the decision adversely affects eligibility.

The request for undue hardship exemption will be forwarded in writing to the Department for Medicaid Services (DMS) from the Department for Social Insurance (DSI) (or other agency making the eligibility determination for DMS). The request receives immediate attention and a decision provided in the shortest time period possible.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

When the agency determines the transferred funds are not recoverable, that the transfer was not intended by the original owner(s) to result in Medicaid coverage or was made in circumstances not under the control of the original owner(s), and the applicant or recipient would be unable to receive necessary medical care unless an undue hardship exemption is granted.

State: Kentucky

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

When the agency determines the transferred funds are not recoverable, that the transfer was not intended by the original owner(s) to result in Medicaid coverage or was made in circumstances not under the control of the original owner(s), and the applicant or recipient would be unable to receive necessary medical care unless an undue hardship exemption is granted.

At the time it is determined that a transfer of assets has occurred, the recipient is notified of the action to be taken. The notice advises the recipient that an undue hardship exemption may be requested, the procedure for making the request and the appeal process if the decision adversely affects eligibility.

The request for undue hardship exemption will be forwarded in writing to the Department for Medicaid Services (DMS) from the Department for Social Insurance (DSI) (or other agency making the eligibility determination for DMS). The request receives immediate attention and a decision provided in the shortest time period possible.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is: Not Limited.

Revision: HCFA-PM-91-8 (BPD)
October 1991

SUPPLEMENT 11 to ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES

1902(u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods

- ☐ The methodology as described in SMM section 3598.
- ☐ Another cost-effective methodology as described below.

TN No. 92-1
Supersedes
TN No. 89-9 Approval Date NOV 14 1994 Effective Date 1-1-92
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

- ☐ Pregnant women with no other eligible children.
- ☒ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- ☐ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modifications.
- ☒ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications.
 - ☐ The agency applies lower income standards which are lower than the AFDC standards in effect on May 1, 1988, as follows:
 - ☐ The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
 - ☐ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
 - ☒ The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

- The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- The agency continues to apply the following waivers of provisions of Part a of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Revision: HCFA-PM-97-2
December 1997
State: Kentucky

SUPPLEMENT 12A TO
ATTACHMENT 2.6-A
Page 1
QMB No.:0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Kentucky
VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

"Personal Needs Allowance - Individuals with Greater Needs"

Aged, blind, disabled; AFDC Related; and individuals under age 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.

1. For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$40 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
2. For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual's usual PNA.

TN No. 98-03
Supersedes
TN No. None

Approval Date 4/20/98

Effective Date 1/1/98

Revision: HCFA-Region IV
October 1989

Supplement 13
Attachment 2.6A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Kentucky

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with section 1924.
- B. In the determination of resource eligibility for the community spouse, the state resource standard is \$60,000 (subject to adjustment under Section 1924(g) of the Social Security Act).
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

"Undue hardship" exists when Medicaid eligibility of the institutionalized spouse cannot be established on the basis of assigned support rights and the institutionalized spouse is subject to discharge from the medical institution, nursing facility, or HCBS waiver program due to inability to pay.

TN # 89-37
Supersedes
TN # None

Approved July 3, 1990

Effective Date 10-1-89

Received: 1/30/90

Citation	Condition or Requirement
"Personal Needs Allowance - Individuals with Greater Needs"	
Aged, blind, disabled; AFDC Related; and individuals under age 21 covered in this plan as specified in Item B.7 of Attachment 2.2-A.	
1.	For ICF/MR patients in therapeutic placements designed to rehabilitate the individuals the first \$65 plus 1/2 of the remainder of earned income (as an addition to the \$40 personal needs allowance) with the total amount disregarded not to exceed the SSI standard for an individual.
2.	For institutionalized individuals, amounts excluded under a plan to achieve self-support (PASS), as an income related work expense (IRWE), or blind work expense (BWE) shall be added to the individual's usual PNA.